YES X NO

File with:		the will be the first of the fi
lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 FOR INSTR	HICTORS SEE BACK OF FORM	CAMPAIRY CONTREBU
1 E 4 E 604 40E0	RUCTIONS, SEE BACK OF FORM URE SUMMARY PAGE	2008 MAY 30 PM 3: 33
COMMITTEE NAME (Must be same as on Statement		7
		FORM
HAGEMAN FOR STATE IMPORTANT: Indicate by # type of committee you are report		DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Cand (4) County Central Committee (5) County Candidate (6) C Subdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Ballot Issue	didate (2)State PAC (3)State Party Ity Candidate (7)School Board or Other Political	
CANDIDATE COMMITTEES ONLY:		Logged In Q
Candidate Name	Political Party (if applicable)	Scanned
CARLIN HAGEMAN	<u>KEPUBLICAN</u>	Computer
Office Sought STATE House	District (if Senate or House)	Audited Of no
SIGNATURE OF PERSON FILING REPORT AM FILING A 5:30-08	TELEPHONE REPORT FOR (1) ELECTION	DATE SIGNED
(report date)	Indicate by	
CHECK IF AMENDMENT TO REPORT DATED	· · · · · · · · · · · · · · · · · · ·	
MONEOUS IN AMENDMENT TO RELOTT DATED		Local Committees, enter Date of Election
☐ Check if this is final (termination) report and attach (You must continue to file reports until a DR-	Notice of Dissolution Form DR-3. 3 is filed.)	County & Local Committees, enter County in which Election is held
Check if this is final (termination) report and attach (You must continue to file reports until a DR-	3 is filed.)	
(You must continue to file reports until a DR- STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting peri committee. This amount MUST be the same	HAND iod. (Total of all funds held by the as the cash on hand at the end 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	which Election is held
(You must continue to file reports until a DR-	HAND iod. (Total of all funds held by the as the cash on hand at the end 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	which Election is held
STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same of the last reporting period or must be zero if	HAND and the cash on hand at the end SB this is first report filed.)	which Election is held
STATEMENT OF CASH ON STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period or must be zero if ADD TOTAL MONEY TAKEN IN THIS PERI	HAND iod. (Total of all funds held by the as the cash on hand at the end 6/8—this is first report filed.) ioD 5/8 2850 in Schedule A) (*also see In-kind below)	0
STATEMENT OF CASH ON STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period or must be zero if ADD TOTAL MONEY TAKEN IN THIS PERI Schedule A: Cash Contributions total (Attack	HAND iod. (Total of all funds held by the as the cash on hand at the end 5/8—this is first report filed.) ioD 5/8-2850 in Schedule A) (*also see in-kind below)	3.50. 2 2.00
STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same of the last reporting period or must be zero if ADD TOTAL MONEY TAKEN IN THIS PERI Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Att	HAND iod. (Total of all funds held by the as the cash on hand at the end SB — this is first report filed.) ioD SB B S50 in Schedule A) (*also see in-kind below)	350. ** 2500. **
STATEMENT OF CASH ON STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period or must be zero if the last reporting period or must be zero if ADD TOTAL MONEY TAKEN IN THIS PERI Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule H: Total Sales of Campaign Prope	HAND iod. (Total of all funds held by the last the cash on hand at the end S/B—this is first report filed.) ioD S/B-S50 in Schedule A) (*also see In-kind below) chedule F)	3.50. ** 2.00. **
STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period or must be zero if ADD TOTAL MONEY TAKEN IN THIS PERI Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule H: Total Sales of Campaign Proper	HAND iod. (Total of all funds held by the as the cash on hand at the end SB — this is first report filed.) ioD SB S50 in Schedule A) (*also see in-kind below)	350. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2500. 2

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$



For Instructions, See Back of Form

SCHEDULE MONETARY (Rev. 07/03) RECEIPTS

> CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN 12008 MAY 19 AM 10: 55 (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) House STATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK#	WILLARD JENKINS 8 WINTERRIDGE ROAD		\$ 200.	
04/25/08		WATERLOO, IOWA		200.	
5/09/08	ID# CK#	BARBARA GRASSLEY 31705 WESTEROOK STREET		150,00	
25/09/08	ID#	CEDAR FAUS, IOWA		130	
	CK#				L
	ID#				
	CK#				
	ID#				
	CK#				
	ID#	Control of the Contro			
	CK#				
	ID#				
	CK#				<u> </u>
	ID#				
	CK#				
	ID#				
	СК#				<u> </u>
	ID#				
	CK#				
		TOTAL (If last p	SUB-TOTAL age of this schedule	\$ 350.	•

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequently (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form	PAMPAIGH DISCLUSER	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Sta	2008 MAY 30 PM 2: 20		CK THIS BOX IF
HAGEMAN FOR STAT		AWIL	IADRIO I OIUM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5-20-08	ID# 6155 CK# 4572	IOWANS FOR TAX RECIEF 2610 PARK AVENUE MUSCATINE, IOWA		\$ 2500,**	
	ID# CK#				
	ID# CK#	Note that the second of the se			
	ID# CK#				
	ID# CK#				
	ID# CK#				
-	ID# CK#				
			SUB-TOTAL	\$2500,	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

IA ETHICS AND

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
ļ		CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) HAGEMAN FOR STATE HOUSE CANDIDATE NAME AND ADDRESS TO WHOM EXPENDITURE **PURPOSE AMOUNT** DATE **ID NUMBER** (DESCRIBE TRANSACTION) EXPENDED EXPENDED (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# FIRST NATIONAL BANK 60 2 MAIN STREET CK# CHECK SUPPLIES CEDAR FALLS JOWA 4-30-08 7. ID# H.S. POST OFFICE 221 W. 6TH STREET CK# CEDAR FALLS, JOWA POSTAGE ID# NINTURASITY BOOK & SUPPLY 1009 W. 23 D STREET CK# CEDAR FALLS 5-21-08 ID# WALGREENS 2509 WHITETAIL DEVE CK# 22 Supplies CRDAR FALLS TOWA <u>5-21-08</u> ID# VICTORY ENTERPRISES SOOD SW 30TH SMET, #7 CK# 5-21-08 DAVENBRT, JOWA Signs 1460. ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

THIS	BOX	APPLIES	TO	CANE	ak	ATES'	COM	AMITTEES	ONL	Y:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page	1 ~	,
Page /	<i>r</i> or <i>i</i>	